

PAYMENT INFORMATION FORM

As Government vendors, organizations with Medicare contracts are paid by the Department of Treasury through an Electronic Funds Transfer (EFT) program. Government vendor payments are directly deposited into corporate accounts at financial institutions on the expected payment date. Additionally, CMS must have the EIN/TIN and associated name as filed with the IRS.

Please provide the following information to assist the Centers for Medicare and Medicaid Services in establishing payment arrangements for your organization, should it be awarded a Medicare + Choice contract.

ORGANIZATION INFORMATION

NAME OF ORGANIZATION: _____

DBA, if any: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON NAME: _____

TELEPHONE NUMBER: _____

CONTRACT NO's.: H _____; H _____; H _____; H _____
(If known)

EMPLOYER/TAX IDENTIFICATION NUMBER (EIN or TIN): _____

A FORM 1099-MISC WILL BE MAILED TO YOU AT THIS ADDRESS:

TIN/EIN NAME: _____

STR1: _____

STR2: _____

CITY: _____

STATE: _____ ZIP: _____ - _____

FINANCIAL INSTITUTION

NAME OF BANK: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ - _____

ACH/EFT COORDINATOR NAME: _____

TELEPHONE NUMBER: _____

NINE DIGIT ROUTING TRANSIT (ABA) NUMBER: _____

DEPOSITOR ACCOUNT TITLE: _____

DEPOSITOR ACCOUNT NUMBER: _____

TYPE OF ACCOUNT (CHECKING OR SAVINGS): _____

To verify account data, please attach a copy of a voided check.

SIGNATURE & TITLE OF ORGANIZATION'S AUTHORIZED REPRESENTATIVE :

DATE: _____